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September 12, 2003

Richard E. Larson
Executive Director CARES Commission
Department of Veterans Affairs
(00CARES)
Washington, DC 20420

Subject: Location of VISIN-22 Blind Rehabilitation Center (BRC)

Dear Mr. Larson:

This letter is in response to CARES Chairman, Everett Alvarez's, letter of September 5, 2003, for consideration by CARES Commission for hearing at Long Beach VA Hospital, on September 29, 2003, in the hopes that it will enable the Secretary of Veterans Affairs and the CARES Commission in their endeavors to improve healthcare needs for America's blind veterans.

To begin, allow me to express our gratitude and appreciation on behalf of the Blinded Veterans Association, as well as the blinded veterans of VISIN-22 to be heard regarding the proposed BRC for Southern California. Historically, we've heard the expression "Location, location, location"! Accordingly, the question is why shouldn't this rule apply with respect to the location of the BRC at Greater Los Angeles Healthcare Systems (GLAHS), as opposed to Long Beach? Since transportation is a major concern for every blind veteran nationwide, it is obvious that the decision was without the consideration of accessibility, or the input of the blinded veteran population!! As BVA's local CARES representative, and after attending CARES meetings for approximately 18 months, when I heard of the proposed plans for a BRC for VISN-22, the location for the facility had already been decided! Additionally, as indicated in my earlier communication to Network-22 headquarters, the GLA location is without question more centrally located for the Network areas.

Also, in the interest of time and economics, there are existing buildings at GLA that can be modified and used for BRC purposes.

The concept of the BRC program was by BVA founders, who were, WW-2 veterans in 1945, in the INTEREST of, and for, America's BLIND VETERANS!! The local Blinded Veterans of Southern California strongly recommend and support having VISIN-22 BRC located at GLA. See attached Resolution signed by Michael Cuneo, former BVSC president, and Robert Routh, Jr., current BVSC president.

It is stated that the consideration to locate VISN-22 BRC at Long Beach VA facility, "Is based solely on the number of applications submitted for BRC training". I would suggest that the "COMMISSION" review those applications to determine what percentage was for the *Electronic Organizer only?* This organizer sells for approximately $360.00. However, the charge for training was approximately $43,000.00 per applicant.

Additional reasons for the Blind Center location at West LA:

- The state of California's proposed 400 bed veterans retirement home to be built at WLA. Many of the occupants will likely than not have visual complications. GLAHS and UCLA's Jules Stein and Doris Stein Eye Clinics can provide the special care needs for these veterans locally without transporting them for rehab or eye care from Long Beach to WLA, approximately 25 miles or more each direction.

- GLA already has many of the components of a blind center, so a blind center located there would be less costly and can be operational much sooner.

- Active interdisciplinary Visually Impaired Service Team that meets monthly, discussing patient issues and providing input to patient care.

- An eight member Vision Rehabilitation Team with experience in teaching all components of training as at BRCs.

- Optometry: 5 full time and 1-part time Optometrist, 7 Optometry residents. Low Vision Clinics at WLA and LAACC.

- WLA has had an inpatient assessment for blind veterans since 1993.

- Assessment covers medicine, occupational therapy, psychology, and recreational therapy, social work, pharmacy and consultation requests as needed.

- "Classes in vision loss" are now offered to any qualified veteran from VISN-22 and beyond, covering basic rehabilitation skills and offering resources.

- GLA has developed continuum of care for veterans with vision problems and has included vision rehabilitation since 1998.

As one can observe GLAHS has had a strong commitment in assisting blind and visually challenged veterans with their needs for several years.

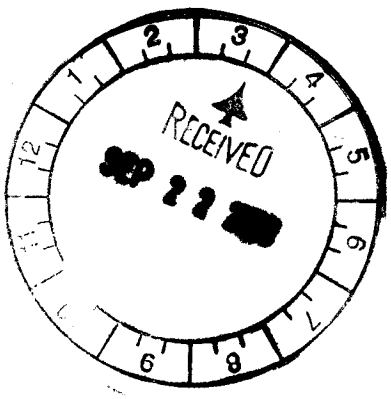
I would appreciate an opportunity to testify at the scheduled hearing on September 29, 2003, if possible.

Respectfully submitted,

Earl Ivie
BVA NSO - Field Service Representative

Enclosures: Resolution copies
Network Communication

cc: Everett Alvarez, Jr.
CARES Chairman



BLINDED VETERANS ASSOCIATION
SINCE 1945

V A REGIONAL OFFICE
Federal Building

11000 Wilshire Blvd., Rm. 5212 * Los Angeles, CA 90024 * 1-800-669-7079 * (310) 235-6125 * Fax (310) 235-6110

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Why Greater Los Angeles Healthcare System (GLAHS) facility is best suited for Department of Veterans Affairs, Network 22, Blind Rehabilitation Center:

LOCATION:
Centrally located, allowing greater accessibility for residents of the central, western and eastern boundaries of Los Angeles County; including Antelope, San Gabriel and San Fernando Valley. Additionally, GLAHS provides service for veterans of San Luis Obispo, Kern, Santa Barbara, Ventura and Los Angeles counties. Other significant facts to consider for veterans from south western Nevada, are that flights into Los Angeles Airport are less expensive than other area airports.

GLAHS is situated on approximately 435acres divided by Wilshire Boulevard, with existing buildings of various architectural style that could be remodeled, rather than new construction. Throughout the campus area traffic flows at various speeds, making the area ideally suited for Orientation and Mobility (OM), training. UCLA Campus could also be used for OM purposes. The Jules Stein Eye Clinic is also located at the UCLA campus.

Cal State LA has an established Orientation and Mobility program, where a number of VA BRC OM instructors are trained.

The VA Regional Office is near by, as well as the Blinded Veterans Association office that is managed by a National Service Officer.

An active low vision clinic is in place.

Interdisciplinary Team is in place, which includes Occupational Therapy, Psychology, Recreation Therapy and Prosthetics.

Gymnasium and Recreation Facility with exercise equipment, staffed with Physical Therapists.

Golf Course

Active Visually Impaired Service Team (VIST), support groups in Santa Barbara, Kern, Ventura and San Luis Obispo Counties. These counties, have been forecasted as the major growth areas of Southern California, making WLA the Center of VISN 22.

California Department of Veteran Affairs proposed retirement home for veterans to be located on GLAHS grounds.

Veterans are often referred from California Center for Partially Sighted and Braille Institute.

Existing four member Vision Rehabilitation team providing classes, with individual instruction, counseling and Recreation with positive response, etc.

Active Blinded Veterans Association participation in Greater Los Angeles Area.

Strong support of Hospital Administration.

Respectfully Submitted,

Earl Ivie
BVA FSR/NSO

Vietnam Veterans of San Diego

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CARES COMMISSION – Long Beach
September 29, 2003
By: Al Pavich, Vietnam Veterans of San Diego
619-497-0142

★ ★ ★ ★ ★

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Operating programs at the following locations in San Diego County:

Veterans Rehabilitation Center - San Diego

Family Program - San Diego

Mahedy House - San Diego

Solutions IV - at St. Vincent de Paul Village in San Diego

Focus - at Crisis House in El Cajon

New Resolve - Escondido

Veterans Employment and Training - Chula Vista

Veterans Employment and Training- Oceanside

Veterans Employment and Training- San Diego

The Advisory Committee on Homeless Veterans have found that VA's current capacity to treat veterans who suffer from mental illness and substance abuse disorders has declined and threatens the ability to partner with the community. While the Advisory Committee has called for VA to create a baseline funding level that ensures that the needs of homeless veterans can be adequately addressed to sustain and build upon community partnerships that offer transitional housing, treatment, employment and connections to other community services. This review effort needs to be done with a clear recognition that the CARES commission assures that VA enhances its lost capacity.

Present and future funding levels must ensure core VA services needed by veterans for their mental health problems are adequate. To address homeless and at-risk veterans, as well as the veterans' population in general, funding levels for mental health services nationally must be increased significantly to include behavioral health care in community-based outpatient clinics and primary care clinics; as well as sufficient substance abuse inpatient and residential treatment to adequately supply timely access and high quality services. These services are inextricably tied to the problems of homelessness and the ability of VHA to collaborate effectively in providing support services to community partners to meet veterans' needs.

While the Veterans Health Administration will tell you that mental health workloads have increased steadily since 1996 and the number of veterans receiving specialized mental health services increased from 581,625 individuals to 757,767 this is inadequate to meet the needs as especially as seen by community service providers who increasingly are facing indigent, homeless, disabled, and increasingly service connected veterans who suffer with high rates of serious mental illness and substance abuse.

The issue is simply yet extremely difficult to resolve. While VA managers have substantial pressure to bring in additional revenue. Purely and simply the issue is money. There is no balance that requires Veteran Integrated Services Network (VISN) or facility directors to take what our Committee has called the problem of money versus mission.

Inevitably there has been nothing but rhetoric that says that the current effort will not and should not be proscriptive allowing individual plans to be developed based upon the local needs. We represent those without voices, those who cannot be here themselves – hundreds of thousands of veterans who will be left

without the ability to return to full capacity without VA being a strong and vibrant partner. You have the capability to make this more possible – please use your opportunity to make this Department better by making some requirements for VA to use its building and its health care capacity to serve some of those who are the sickest.

The Advisory Committee has called upon VA to improve is capacity to serve veterans with serious mental disorders and to make it a performance measure for Network Directors. I would urge this Commission to make this part of the requirement for Networks to make physical plants not needed for core VA mission and to insure there is sufficient inpatient and out patient services – particularly substance abuse and mental health services. There is variation across Networks in terms of the nature and volume of services required in order to meet legal capacity requirements yet in almost all Networks there is a strong need to enhance substance abuse and mental health services needed by veterans.

Funding for VA's Homeless Grants & Per Diem has been vital to build and maintain a healthy system of services at the community level to assist homeless veterans. In less than a decade, more than 8,000 high quality transitional beds, along with several dozen service centers and more than one hundred vans for transportation and outreach. Secretary Principi has made a long-term commitment to funding this program vital to homeless veteran's service providers. However without access to appropriate VA health care services and facilities this effort will be without long-term benefits.

Your effort is an unprecedented effort to realign services into areas needed. To date, there has been little information shown that indicates that the potential realignment of assets will enhance services for homeless veterans. There is a strong need to ensure that homeless veterans are fully afforded a benefit from this process. Homeless veterans' programs that provide little direct revenue, but provide considerable benefits in direct services to veterans, need to be adequately considered as this review process proceeds.

The Homeless Advisory Committee desperately needs you to reject VISN plans and call for their reconsideration unless appropriate services and facilities in the realignment are considered for use by homeless service providers. All plans approved by this Commission must demonstrate adequate mental health and substance abuse treatment opportunities with inpatient and outpatient capabilities or the very survival of community based service provider partnerships are at risk.

Let me give you several examples of why you need to exert leadership on this issue nearly two-dozen local agreements have been made to allow homeless veteran-specific transitional housing service providers with space on VA grounds to offer transitional housing. Most of these organizations are supported by VA Grant & Per Diem funding. An internal review of these agreements shows space agreements that range from little or no charges to charges that reflect a very expensive "fair market value" for the space occupied. Homeless service providers who are helping to rehabilitate thousands of veterans cannot pay rental charges set at VA's highest and best use market value.

In addition we are concerned that domiciliary care for veterans, and specifically Domiciliary Care for Homeless Veterans (DCHV), is a valuable tool to assist many of the nation's sickest veterans who need significant access to VA health care services. Approximately 5,500 veterans benefit from this program annually and it is a valuable tool for returning veterans to community living yet there are entire Networks without a single "dom" within the network.

And VA is embarking upon a concept of providing formerly homeless veterans with cost-effective and cost-efficient housing while they return to work, through the Multifamily Transitional Housing Loan Guarantee for veterans program, is an excellent approach to allowing veterans returning to gainful employment to live in a below-market cost sober residence. Many VA facilities would be great sites for these projects yet this concept to the best of my knowledge show up in no Networks plans, in fact only a handful of networks have more than fleeting references to homeless and even less have any demonstrate interest or plans that even mention homelessness.

I want to let you know that this network appears to address this better than any Network in this country and I know that that is a great compliment to Ken Clark our Network director who has done more than anyone to work with community providers and to make this Network the best in the nation. Unfortunately his colleagues do not share his commitment and vision.

Commander Al Pavich, USN, RET

President and CEO,
Vietnam Veterans of San Diego

Commander Pavich was born in Southgate, Ca and raised in southern California. After graduating from high school, he immediately enlisted in the Navy in 1968. He reported to Vietnam and served in rivers of the Mekong Delta for three separate tours. Al continued his service in the Brown Water Navy on various units for 9 years and in 1977 he was advanced to Chief Petty Officer and in 1978 received a direct commission as an Ensign Limited Duty Officer, (Mustang). He has served on the personal staff as Flag Secretary for RADM George Furlong, Jr. and RADM Tom Cassidy, Jr. at Fightertown, USA, as the Administrative Department Head of the USS Kitty Hawk, and Commander, Naval Air Force, Pacific Fleet for VADM Jack Fetterman and VADM "Rudy" Kohn.

He retired as a Commander in 1998 after 30 years service while serving as the Commanding Officer of Naval Surface Forces, Pacific Staff. His awards include the Legion of Merit, three Meritorious Service Medals, three Navy Commendation Medals, two Combat Action Ribbons and eight Vietnam Service Medals, among 27 other awards.

He is currently the President and CEO of Vietnam Veterans of San Diego; nationally recognized as the best solution to veterans and their family's homelessness. As the "Founders of STAND DOWN" and "Homeless Court", they operate 7 locations and 218 beds to successfully help homeless veterans and their children restore their lives and become productive taxpaying citizens. On 16 January 2002, VVSD was named as the Channel 10 Leadership Award as the top Non-Profit Organization in San Diego for the year 2001!

- Appointed by Secretary Principi on the VA's National Homeless Veteran Advisory Panel
- Chairman of the Dignity Memorial Homeless Veteran Burial Program
- Member of the first Veterans Advisory Board for Mayor Murphy
- Member, United Veterans Council of San Diego
- Member Advisory Board for San Diego's One VA Concept
- Member of VVA, DVA, VFW, and Lion's Club of San Diego
- Member of the Governor's CA Workforce Investment Veterans Panel

VISN 22
CARES TALKING POINTS (9/17/03)

Members of the Commission, the Cal-Diego Paralyzed Veterans Association, California Paralyzed Veterans Association, and the Nevada Chapter of the Paralyzed Veterans of America (PVA), are pleased to provide their input to you regarding VA's plan for the future delivery of medical services to veterans with spinal cord injury or disease (SCI/D) during this phase of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative.

PVA recognizes the vital importance of the CARES process. VA's CARES initiative is designed to meet the future health care needs of America's veterans by charting a course to enhance VA health care services through the year 2022.

For PVA members, there is no alternative health care delivery system in existence that can deliver the complex medical services required to meet the on-going health care needs of veterans living with spinal cord injury or disease. For us, VA's spinal cord injury centers are a matter of life or death, a matter of health or illness, and a matter of independence and productivity. Additionally, PVA is pleased to see that VA's recent CARES document understands the need to assure the availability of neurosurgical medical services at all SCI Center locations.

Following World War II, the life expectancy of a veteran with a spinal cord injury was just over one year, but now because of important medical breakthroughs, many achieved through VA medical research, and the development of VA's network of spinal cord injury centers a veteran with a spinal cord injury can expect to live a fairly normal lifespan. However, during our lifetimes we depend, time and again, on the VA SCI center system to meet and resolve the health care crises we encounter as we grow older.

Our local PVA Chapters have been seriously involved with the CARES process since its inception. We attended local CARES meetings, and we provided our comments on the VA's VISN Market Plans affecting our area to our national office, who in turn provided them to you. On the whole, Cal-Diego PVA, California PVA, and the Nevada Chapter of PVA, feel relieved that VA's SCI population and workload demand projections model recognizes the need for increased VA SCI acute and long-term care medical services through fiscal year 2022. VA's VISN Market Plans call for the addition of four new SCI centers located in VISN 2, 16, 19 and 23 and for additional long-term care beds in VISN's 1, 8, 9 and 22. These new centers and long-term care beds are essential to meet the growing medical needs of PVA members across America and in our local area. In addition, we applaud the proposal to add a tertiary care facility in the Las Vegas market area.

The Cal-Diego PVA, California PVA, and the Nevada Chapter of PVA, supports the addition of 30 long-term care beds to be located at the Long Beach VAMC SCI center. However, we will not support the sacrifice of current acute bed capacity to achieve this goal. Long Beach currently has a 30 bed SCI acute bed ward that has been closed for

approximately five years. This ward would make an excellent location for these much needed SCI long-term care beds and would have our support without sacrificing current acute bed capacity. In addition, Cal-Diego PVA believes that it would be prudent to add 4 LTC beds to the San Diego SCI Center, increasing staffed beds in that Center to 30.

We are pleased to see that VA's recent CARES document calls for the addition of 30 SCI long-term care beds to be located at Long Beach. However, we continue to believe that these much needed beds must not sacrifice existing acute SCI beds in the process.

We also feel that VA must make every effort to plan for and meet the growing demand for long-term SCI care in our area. For us, long-term care means a mix of services such as: hospital based home care, on-going home visits for medical equipment and accessibility evaluations, respite care, assisted living, and SCI nursing home long-term care.

Finally, Cal-Diego PVA, California PVA, and the Nevada Chapter of PVA must speak about the importance of intra-VISN coordination and collaboration if VA's CARES SCI plan is to be a success. VA's SCI center system has evolved into a highly efficient hub and spoke system. Each VA VISN must understand and abide by VA's SCI Handbook 1176.1. In our area, our members may choose to receive medical services from a variety of VA SCI providers that best meets their SCI medical needs. This is their right. It is vital that VA's SCI referral protocols be respected by each VISN so that individual SCI veterans can receive care in the most appropriate setting according to their choice and medical need.

Once again Cal-Diego PVA, California PVA, and the Nevada Chapter of PVA, stand ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If I can be of further assistance please don't hesitate to contact me at (619) 750-2384..

Thank you for listening to our concerns and the opportunity to speak to you today.

STATEMENT OF
TERRY TRACY, DEPARTMENT SERVICE OFFICER
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN

SEPTEMBER 29, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 22. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately $1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the final recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

? Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
? Adequate funding for the implementation of the CARES recommendations.
? Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VISN 22-CALIFORNIA (SOUTHERN)

The California Market is broken down into three submarkets; the Coastal Submarket (includes the Greater Los Angeles Health Care System (HCS), the Long Beach Health Care System and their community clinics), the Inland Submarket (Loma Linda and its community clinics, and the Southern Submarket (San Diego and its community clinics).

Campus Realignment/Consolidation of Services

The Long Beach – Greater Los Angeles facilities currently refer patients for interventional cardiology/cardiac surgery and neurosurgery. The DNP identified continuing opportunities for further consolidation of services including Geriatrics and Extended Care and Mental Health.

The American Legion believes if the further consolidation of services will enhance veterans' health care, then indeed it should be pursued, cautiously. The primary objective to consolidate services between these two campuses should not just be to save money. The American Legion further believes that too much consolidation will eventually lead to one of the facilities losing its identity and patients due to the scarcity of services offered. When that happens, the possibility of being the target of closure sometime in the future becomes a reality.

Outpatient Services/Inpatient Services

In the California Market, CARES analysis projected an increase in nearly all services to include primary care, specialty care and inpatient medicine. The DNP proposes to meet that demand through a whole host of tools. One of the ways in which it has specified meeting the peak periods of demand is through contracting of care. The American Legion has some concerns with, what we believe is the overuse of contracted care. While we understand the possible need for it, especially in the rural areas of the country, we do not want to see it used too much. One of our concerns is the monitoring of the quality of care received at these facilities. Additionally, veterans may be more likely to get lost in the system once the VA sends them to the community to get care. These sorts of issues need some time to develop and a dedicated staff to ensure the best of care is given to our veterans when not in the direct care of VA.

Extended Care

The American Legion supports the replacement facility proposed for the Greater Los Angeles area. This is a facility that will house the Veterans Benefits Administration that is currently located in the Federal Building. Additionally it will provide outpatient services. This is sorely needed and definitely an enhancement to services.

However, the Plan also includes the demolition of several buildings on the Sepulveda and Greater Los Angeles Campuses. The American Legion supports the demolition of these buildings, as they are unsafe and uninhabitable because of contamination due to lead paint and asbestos. We must insist however, that VA does not give away this land to the private sector. At one time, the Greater Los Angeles Campus was 1044 acres, where as now, it is only 730 acres. We do not want the campus to shrink any further. Little by little the land has been leased, and not necessarily to the benefit of veterans. For example, VA leased the Jackie Robinson Stadium (baseball field) to the University of California at Los Angeles, a stadium built by American Legionnaires. Now, UCLA determines whether or not The American Legion Baseball program is allowed to use that

stadium for American Legion baseball games. Additionally, veterans are not allowed in the area, which is isolated by a fence. Also, another example is the possible lease of 22 acres in the north west section of the campus that abuts a Brentwood private school.

There is a proposal to build a columbarium on the West LA campus. We support the concept to expand the cemetery. It is our understanding that the designated 20 acres has capped oil wells sitting below ground. These National Shrines are to be on hallowed ground. Why should this one be any different?

In Sepulveda there are acres and acres of open space that is costing VA nearly $250,000. VA would like to eliminate that cost by getting rid of the land. However, The American Legion would like to see the land used toward the betterment of veterans in the area.

Fourth Mission

The VISN Market Plans did not discuss meeting VA's fourth mission. It is only addressed briefly in chapter 17 of the DNP. During the planning stages of CARES the question was asked how would the VA respond in a time of war or national emergency in backing up the Department of Defense (DoD). The answer was "all bets are off". The American Legion is not confident that VA is prepared and we believe they have minimized the issue regarding the planning for meeting the fourth mission and CARES.

Where is the planning for the necessary infrastructure and staffing that will be needed to implement a plan to back up DoD in the time of a national emergency? According to the Undersecretary for Health approximately 11,000 caregivers were released between July 2001 and August 2002. Is this a disproportionate number of staff in relation to the bureaucrats? This raises the question as to how ready VA really is to meet the fourth mission.

Thank you for the opportunity to be here today.

STATEMENT OF
DANIEL CONTRERAS
NATIONAL SERVICE OFFICER
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSESTS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
LONG BEACH, CALIFORNIA
SEPTEMBER 29, 2003

Mr. Chairman and Members of the Commission:

On behalf of the local members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) Market Plans for this area in VISN 22.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs (VA) health care system is of the utmost importance to the DAV and our members.

One of VA's primary missions is the provision of health care to our nation's sick and disabled veterans. VA's Veterans Health Administration (VHA) is the nation's largest direct provider of health care services, with 4,800 significant buildings. The quality of VA care is equivalent to, or better than, care in any private or public health care system. VA provides specialized health care services—blind rehabilitation, spinal cord injury care, posttraumatic stress disorder treatment, and prosthetic services—that are unmatched in the private sector. Moreover, VHA has been cited as the nation's leader in tracking and minimizing medical errors.

As part of the CARES process, VA facilities are being evaluated to ensure VA delivers more care to more veterans in places where veterans need it most. DAV is looking to CARES to provide a framework for the VA health care system that can meet the needs of sick and disabled veterans now and into the future. On a national level, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. We do not believe that restructuring is inherently detrimental to the VA health care system. However, we have been carefully monitoring the process and are dedicated to ensuring the needs of special disability groups are addressed and remain a priority throughout the CARES process. As CARES has moved forward, we have continually emphasized that all specialized disability programs and services for spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law. Additionally, we will remain vigilant and press VA to focus on the most important element in the process, enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

Furthermore, local DAV members are aware of the proposed CARES Market Plan and what the proposed changes would mean for the community and the surrounding area. The handbook for Market Plan Development clearly defines and provides guidance for the implementation of the CARES initiative. Within the CARES initiative I would like to address two specific aspects. First the Vacant Space Planning Initiatives and secondly the Proximity Planning Initiatives; Both of these subjects have specific impact to the greater Los Angeles area. Veterans, as well as the community have voiced their concerns regarding these two issues.

In regard to land use, the concern of this community is possible divestment of the vacant space in the Greater Los Angeles Health Care System. The criteria set forth in the Market Plan Development clearly state the needs of the veterans in the community must be considered first. The current plan is to build a new 500-bed long-term care facility on the West LA VA Medical Center (VAMC) campus. This is the perfect example of the proper implementation of the guidelines.

Additional options that must be considered as set forth in the guidelines are to allocate vacant space for future needs of homeless veterans, long-term care alternatives and National Emergency Services. Another option for excess space is out leasing. Out leasing is a viable alternative ensuring maintained ownership of valuable vacant space and also provides expanded research opportunities with the area Universities as well as the need of National Cemetery Services, thus providing a more accessible location for the community and the deceased veteran's family members to pay respect. These few suggestions are in accordance with title 38, United States Code, § 8122.

Finally, if it is determined that divestment is necessary in order to comply with the vacant space planning initiatives, the Market Plan Development specifically states that other Federal, State or Local government agencies should be given the right to utilize the remaining vacant space. With this guideline commercial sale of any vacant space in the greater Los Angeles region should not have to be an option.

As to the proximity planning initiatives, consolidation of primary care, inpatient hospital care between Los Angeles, Loma Linda, Long Beach and San Diego are not within the guidelines set forth by the Market Plan Development for allowable commute time. We appreciate the use of commute time consideration. In Southern California we do not question distance. The concern is time. For example, the 405 corridor between West Los Angeles and Long Beach is 31 miles. The average commute time averages between 1 ½ to 3 hours.

On the proposed Joint VA-Department of Defense (DoD) collaboration between Vandenberg Air Force Base and West Los Angeles VAMC, the National CARES Plan appendix does not specify for the type of services West Los Angeles is to provide. Given the 60-minute commute time guideline for highly rural primary care, the driving time between these two facilities is well over 3 hours given the 101 and 405 freeway traffic. I am familiar with this route because of my frequent visits to Vandenberg AFB for Transition Assistance Presentations.

We accept the consolidation of administrative services within the Greater Los Angeles Healthcare Network, which have already occurred and have a low impact on inconveniences to

veterans. We support the status quo recommendations in regard to primary care, inpatient hospital care and believe there is flexibility with tertiary hospital care services within the Greater Los Angeles Health Care Network.

In closing, the local DAV members of VISN 22 sincerely appreciate the CARES Commission for holding this hearing and for its interest in our concerns. We deeply value the advocacy of this Commission on behalf of America's service-connected disabled veterans and their families. Thank you for the opportunity to present our views on these important proposals.

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STATEMENT FOR THE RECORD

Of

Vietnam Veterans of America
California State Council

Submitted by

Jerry Yamamoto,
Vietnam Veterans of America
Chapter 53
Redondo Beach, CA

Before the
CARES Commission

Regarding
Draft National CARES Plans

Presented At

VA Long Beach Healthcare System
VISN 22
Long Beach, CA

September 29, 2003

Good morning, my name is Jerry Yamamoto, Chapter 53, Redondo Beach, CA of Vietnam Veterans America (VVA) California State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the VA Long Beach Healthcare System, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 22 in Long Beach, CA, for care and treatment.

Mr. Chairman, in accordance with the 2000 census the state of California is the home to 2.5 million veterans, which makes it the highest populations of veterans in the country Vietnam Veterans of America (VVA), California State Council applaud this commission for their effort in increasing services for veterans in the state of California.

The original concept for assessing the real-estate holdings and plans for the disposition of "excess" properties of the Department of Veterans Affairs makes sense. No one wants to see money being wasted, money that could be better spent on rendering real health care to veterans. There is no question that the VA has so many buildings at various facilities that are expendable.

At a time when veterans in California and throughout this country are waiting 3 to 6 months or sometime a year for an appointment, we have grave misgivings about the proposed market plan before you to for VISN 22.

Upgrades of Nursing Home Care Unit (NHCU) to meet LTC facility standards are required, but are seem good and commendable to me. We must meet the requirements of any regulations and laws by enforcement agencies.

The CARES Executive Summary states that Nursing Home Needs can be met through 3 methods: which are, the Contracting with the community; occupying a portion of the State Veterans Home; or by renovating currently existing space.

Veteran Service Organizations, I believe, are opposed to the opting out of services to private community organizations with the loss of providing those services at the local VAHC facilities. This loss ties in with the HMO-ization of the VA services that VSO's oppose where veterans are forced to utilize services in the private health care community rather than at the local VA Hospital.

Will the contracting of the services with the private community also involve the loss of staff positions at the VA facilities plus the loss of retirement, health, dental and other related benefits for career VA staff? It sounds like this is an area where the VA is attempting to make salary- and cost-savings.

I ask what the cost is of each of these three methods and what does the VA consider the most cost-effective? Has the VA found any support from the VSO's on any of these three methods? In other words, which is the best method that meets mutually both the needs of the VA and the VSO's?

Again, why take away business from the current VAHC hospital? The VA has announced its intention to downsize its available services, number of facilities and staff at a time when there is a need to provide more VA facilities and services to veterans and those returning from current active duty military assignments who are needing treatment of injuries and illnesses they incurred in recent military actions. (This also includes services to the families of those veterans and active military personnel.)

It is apparent that we have available space at the Long Beach and West LA campuses that are not being utilized. Will private enterprises be allowed to "landgrab" at Long Beach as has been occurring at West LA over the past decade, and, more recently, at the Sepulveda VAMC, in opposition to Public Law 100-322? That public law "prohibits the Administrator from declaring as excess to the needs of the VA, or disposing of, lands and improvements at the VA medical centers in West Los Angeles and Sepulveda, California. Three years ago West LA VA Hospital property had been leased to the Marriott Corporation for a laundry, UCLA for its baseball diamond, an oil well, a UCLA test laboratory for animals, and a private school.

Picketers fought the attempted at the West Los Angeles Campus three years ago in support of the Public Law. I testified to a local municipality council meeting for their support in opposing the West LA VAMC 25 Year Master Plan that was ultimately shelved. The VVA California State Council and Chapters are opposed to any loss of the use of veterans lands and facilities to non-veteran organizations whereby there is no benefit to veterans.

Regarding the 500 bed LTC facility that has been approved by the State of California for the West LA Campus, will part of that facility be used to meet the needs of the above proposal?

What is the cost of the proposed replacement of West LA Nursing Home building with a new one story, state of the art, 180 bed NHCU? Is this new facility needed when the cost could be used to provide direct immediate services to the veteran, instead, of building a structure that will not be available immediately to assist veterans and military no matter what new treatment tools it will eventually provide.

What will this facility take away or add to the servicing of current and future VA clients? Will this new facility involve Long Beach VAHC? Will those vets in the groups that are currently being denied services at VAHCS hospitals be allowed to use these facilities?

The CARES executive summary states that market proportions suggest a proposal for a 24 bed Blind Rehab Unit within the Network. If these services are currently being referred outside of the Network, I think veterans service organizations would like the services, as you state, to be done within the Network.

Since I am at the LBVAHC monthly and see the large amount of space that is unused, I think the location of the Blind Rehab Center there by the Network would be good. It is, as the CARES plan states, central to both Los Angeles and Orange County veterans.

In conducting monthly bingo sessions with the residents of Building 133, I have contact with those veterans needing care for Prosthetics, Rehabilitation and SCI and see the necessity of providing them, and other veterans like them, direct services. I am concerned about the reduction in the number of inpatients housed at the Bldg 133 units, as well as other units, and the reduction in the staff and services provided to those inpatients over the past several years.

For the past several years, it is my understanding that all means have been trucked into the Long Beach Campus from the West LA Campus. Will this continue to occur when services and units are added at Long Beach? Should not the Long Beach campus, because of the size of its resident and outpatient caseload, have its own fully-functioning kitchen facilities and food service staff?

I find it good that Spinal Cord Injury (SCI) patients will continue to be referred to either Long Beach or San Diego SCI centers. Why is there the need for the conversion of 30 SCI beds at Long Beach from acute to LTC beds? I agree with the concerns by stakeholders about the conversion and that both types of beds should be maintained. Can beds of both types be funded and maintained? This was the method favored by the PVA/CPVA Representatives in the Network. Why have these comments, since they conflict with the Planning Initiative, not been addressed?

What is the immediacy of the Schematic Designs for the authorized seismic projects at Long Beach? Is the respective order of the listing an indication of the priority of each building? Long Beach Building 128 is listed first at a cost for facility, building and estimated total cost at $13.7 million; Long Beach Building 133 is listed at $7.4 million. Extensive remodeling of the interior of that building just took place last year.

Why did the '402' project involving Building 126OP and Building 7 fall out? Why does the project not have authorization to proceed with Schematics and the facility need to pursue it with VACO? The project will seismically upgrade/retrofit 36,000 GSF in existing Building 7 and provide additional 24,000 GSF of new space. I hope that the funds saved by not authorizing the schematics can be used to provide immediate treatment for the veterans.

Re project 401, the Executive Summary indicates is it necessary to consolidate clinical services and close building 122. I presume that Building 7, because it is essential to the Medical Center's mission, will replace the services currently being done in building 122.

CARES Plans have identified Excess Land Use as a Planning Initiative at West LA and Long Beach. Please explain what this

mean and how will it help the veteran. Will the proposed 20 acre cemetery columbarium structure at the West LA campus be needed even if it has been requested by the National Cemetery Administration? Is this part of the landgrab that residents and veterans have been fighting since the 1980's at West LA Campus and more recently at Sepulveda Hospital in violation of Public Law 100-322?

Will the Long Beach Excess Land be subjected to a similar "landgrab" by private organizations whose businesses will not provide immediate improvement of the treatment milieu and services that benefit the stabilization and improvement of the health of the inpatient and outpatient veterans who utilize the facility?

I agree with the Stakeholders that community stakeholders must "have a decision-making role in the process, to have the plan be more long-range rather than incremental reflecting a true master planning process and to have more time to develop the ideal process." The input of the community at large plus other stakeholders mentioned below, rather than VA health care administrators, is needed to gain the support of the general community residents and business owners.

California's United Senators Boxer and Feinstein and Congressman Henry Waxman just recently wrote to Veterans Affairs Secretary Principi a letter of strong opposition to the VISN 22's formation of the Desert Pacific Healthcare Network Land Use Planning Committee to determine the reuse of "excess land" at the West Los Angeles Health Care Center (WLAHC). They stated that "the proposal for the committee has been drafted in conjunction with the Network's Capital Asset Realignment for Enhanced Services (CARES) Market Plan." The proposed VA land use committee comprised of six VA health care administrators,

excludes veterans, elected officials, community members, residents, business owners and other stakeholders. The committee would determine the future of 388 acres of mostly undeveloped open space of WLA VA property that is of extremely significant and National Historic Register designated land in West Los Angeles. Homeowners and the elected officials are concerned that "the proposal undermines an inclusive public process for true land use master planning of (the) 388 acres…"

The Vietnam Veterans of America California State Council has supported the statement that "veterans group do indeed want excess land to be used in accordance with its original intent, for veterans, and that commercial development should be very carefully studied to ensure appropriate benefit to VA and veterans." Vietnam Veterans of America has expressed its opposition for the past fifteen years to the use of veterans land by commercial developers to the detriment of the veteran population.

The VVA is concerned with how these CARES plans will be implemented in light of the shortfall of $1.8 Billion in the proposed VA Budget? It sounds like the implementation plans would be at the expense of providing immediate medical and rehabilitative services to those veterans who are in need of treatment now and in future years. If the moneys identified in the CARES plans are used in the manner described, it cannot be used for patient services.

The VA needs to oppose the plans of the Federal Executive Branch to restrict its budget and the use of its facilities for veterans' medical services. We ask the CARES Commission to support the Veterans Services Organizations in obtaining the necessary funding in excess of that already proposed by the current White House occupants and their administration; in other words to restore the $1.8 Billion in the VA Budget.

Unfortunately, I cannot speak directly from personal knowledge towards the services provided at other facilities in VISN 22, such as at Loma Linda, San Diego, the Central Coast and Kern County. I hope that the services provided to veterans by the VA in those regions will result in the veterans having short drives of less than an hour to obtain services from neighborhood VA facilities. Currently, veterans have to be transported to the identified distant VAHCS hospitals at the cost of driving long distances and possibly paying for overnight lodging before returning home. I hope that the availability of more local facilities and services will result in shorter waiting periods.

Also, the proposed National Draft CARES Plan entitled "VISN 22 Special Disability Program Planning Initiatives" DID NOT include PTSD, Substance Abuse Counseling and Traumatic Brain Injury. VVA's founding principle is "Never again will one generation of veterans abandon another"; we do not want this commission to abandon these programs which are vital to the VA for the care and treatment of the brave military men and women who are returning home from the war in Iraq (and Afghanistan) and to those who served this country in past wars.

The VA failed to recognize the "Gulf War Syndrome" until it was brought to its attention by the VVA and Gulf War veterans. We strongly urge the VA to provide these other programs immediately so that our returning current military personnel do not have to spend years fighting for the services that should be already available to them.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromise services, and damage the VA's ability to respond to emerging needs of veterans. We believe that this effort, no matter how well intended, will in many instances prove to be counterproductive and ultimately costly to rectify.

Mr. Chairman, thank you for the opportunity to submit our statement for the record on behalf of Chapter 53 of Vietnam Veterans of America (VVA) California State Council.

I will be more than happy to answer any questions you may have.

CARES Commission Testimony
September 29, 2003
Long Beach, CA

Good morning. My name is Stephen Peck and I'm the Site Director for the Villages at Cabrillo here in Long Beach, and the Community Development Director of United States Veterans Initiative, also known as U.S.VETS. We have served more than 6,000 homeless veterans since we started our first facility in 1993 and from the very beginning we have partnered with the VA. It was clear early on that the needs of the veterans we were seeing were too complicated and the numbers too great for us to serve this population without help.

The mission of our organization is: To create the conditions for the greatest number of homeless veterans to reach their highest level of independence as rapidly as possible. We accomplish this by providing safe and sober transitional housing, clinical counseling, and employment assistance. It is a tall order to bring all these services together under one roof so our method was to bring together key providers and let each partner do what they do best. In this way we maximize the effort and stretch limited funding in order to tackle the daunting task of getting more than 250,000 veterans off the streets of America.

First of all, our own organization is a partnership. U.S.VETS is a joint venture between a for-profit real estate developer, Cloudbreak Development, and a non-profit social service provider United States Veterans Initiative. Cloudbreak purchases, renovates and manages the facilities, while the non-profit develops the partnerships, raises the grant dollars, and provides the support services.

While support service dollars come from grants, other revenue comes from rents paid for by the homeless veterans in our transitional housing who have income through employment or from disability. We feel that it is healthy for vets to begin paying rent as soon as they are able. Taking responsibility for the roof over their heads begins to build self-esteem, gets them invested in their future, helps to sustain the effort for the veterans who will follow in their footsteps and we believe increases their chances for long-term independence.

So there is revenue generated at each facility (we now have eight such facilities, and next month will have nine) which is then split 50/50 between the for-profit and non-profit. This gives the non-profit a source of funding that will pay for its core administrative costs so that virtually all grant dollars raised will go directly to services for veterans.

To further describe our partnership model, I'd like to describe two of our facilities in Los Angeles County. First let me say that the homeless problem in Los Angeles County is big, more than 25,000 homeless veterans on any given night,

so the solution must be ambitious. Westside Residence Hall, our inaugural facility in Inglewood, now houses about 475 formerly homeless veterans. The impetus for our partnership with the VA was that the Greater Los Angeles VA was experiencing a revolving door. Homeless veterans were being treated, released back out into the community, then coming right back in because they were homeless, and back on the streets they could not sustain the gains made while they were in the hospital. So the outcomes were not good, it was costing the VA a lot to keep treating the homeless again and again, and the VA was beginning to experience budget cuts that have continued to this day. The VA needed a partner to provide long-term housing and share some of the costs of rehabilitation, while we needed a partner to provide clinical expertise and share some of the costs.

Today, at Westside Residence Hall there is a VA Clinical Support Office with 7 VA staff members providing counseling, psychiatric, and medical support to our transitional housing population. The VA office there increases outreach into the community, eases access to services and increases Encounters, Form X's, and Uniques. The VA team brings real clinical strength to our site which also includes a residential jobs program, Non-Custodial Fathers Program, High Barriers program, Career Center and Legal Clinic.

To provide employment assistance, we have partnered with the California Employment Development Department. The EDD provides a full time veterans representative who offers labor market information, training on CalJobs (which is on-line job search software on the computers in our 25-station Career Center), and job interview and resume assistance. For additional training and education we have partnered with the Inglewood Adult School which teaches classes that better prepare veterans for employment. We also work closely with a wide range of homeless service providers through our Outreach team, and are able to provide additional services with AmeriCorps members.

In Long Beach we operate the Villages at Cabrillo. This is s 26 acre site that currently houses more than 500 formerly homeless people, 300 of whom are veterans. The partnership with the Long Beach VA is perhaps even more involved. That VA needed to close their 21 day inpatient substance abuse treatment program. We went out and raised HUD and VA Homeless Grant and Per Diem dollars, and invited the treatment program to relocate to Cabrillo. They did so in December of 2000, relocating 17 VA employees to our site. As a result of the partnership, they were able to expand the program from 30 to 40 beds, lengthen the treatment from 21 days to 60, sometimes even 90 days, and reduce their budget considerably. To further improve services and respond to a critical need, we jointly wrote and were awarded, a private foundation grant that now provides specialized services to the dually diagnosed and pays for two and a half VA employees. The VA team also includes a VA social worker who provides case management for our transitional housing population.

At this site there is also a residential jobs program, housing with rental assistance for senior and disabled veterans, and a female veterans program. We also work with EDD for employment assistance, and Long Beach City College for education and vocational assistance.

The Villages at Cabrillo has a number of additional partners on site that provide transitional housing and services for families and children, including Catholic Charities, the Salvation Army, 1736 Family Crisis Center, New Image, and American Indian Changing Spirits. Comprehensive Child Development provides child care, and the Bethune Transitional School is for homeless children and is run by the Long Beach Unified School district. Having these varied service providers on site gives us the added advantage of being able to offer these services to veteran families.

We are currently engaged in an effort to expand funding sources, bringing more federal, state, county and private sector funding into the equation. Aside from the HUD and VA dollars I have already mentioned, we also have funding from the State, the Department of Labor, private foundations, Veterans Service Organizations and most recently Proposition 36 funding which comes through the County and provides drug rehab services instead of jail time to addicts and alcoholics.

United States Veterans Initiative has received national recognition and numerous awards for our efforts on behalf of homeless veterans including Veteran Employer of the Year for the State of California three times. We are being studied as a model by many entities, including the Presidents Commission on Mental Health. The partnership model we use is replicable and necessary if we are to continue to provide a high standard of service to homeless veterans, and it is worth studying to determine whether a deeper investment from the VA into these partnerships is beneficial and cost effective. The strength of these partnerships not only enhances the services we are able to provide, but brings the broader community into the solution for homeless veterans. This broad community involvement is the only way we will be able to address this tragic problem, reverse the rising tide of homelessness, and bring dignity and hope to our veterans living on the streets